

Form 355SC **Domestic or Foreign Security Corporation Return**

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Massachusetts
Department of
Revenue

02204.

For calendar year 1999 or taxable year beginning		1999, ending			
J.S. Business Activity Code	Federal Identification number (FID)	☐ Check if corporation is a	a Regulated Invest	ment Company (RIC	
•	>				
Name of corporation:					
Principal business address:					
Principal business address in Massachusetts:					
Check appropriate box (see instruc	ctions):				
		to of charter			
-	· · · · · ·	te of charter ►		progration	
	☐ Class 1 Security Corporation ► ☐ Class 2 Security Corporation ► 3. Date corporation was first classified to business have in Management 1. Class 2 Security Corporation ► 5. Class 2 Security Corporation ► 7.				
4. Date business began in Massachusetts Average number of employees in Massachusette Average number of employee		ate or country of incorporation			
6. Average number of employees in Massachusetts ►7. Has the U.S. government changed your taxable income		tod to Massachusotts? ► □	Vos. □ No		
If "Yes", report such changed on Form 355FC within three		led to Massachusetts:	ies 🗆 ivo.		
8. Corporation's books are in the care of					
9. If first return: ► (a) □ new business or (b) □ business		al return: ► (a) □ business ter	minated or (b) \square b	usinoss has succoss	
	•	* *	* *	usiness nas success	
If 9(b) or 10(b) is checked, enter name, address, state of	incorporation (ii arry) and rederal identification	number of such other busines	s organization.		
Has there been any significant change in your corporate	a activities since you were last granted security.	corporation status? ► □ Voc	□ No		
, , , ,	, , ,	orporation status? ► 🗆 Yes	□ INU.		
If "Yes", please attach a statement explaining these char	-	□ N-			
2. Has this corporation elected to file or participate in the file	-				
3. U.S. form(s) and schedule(s) filed for this tax year: \Box 1.	120 □ 1120-A □ 1120RIC □ 851 □ 54	71 □ 1120S			
Computation of Excise			Use whole	e dollar method	
1. Total U.S. income (from U.S. Form 1120 or 1120-A)		▶1	\$		
2. State and municipal bond interest not included in line 1.		▶2	\$		
3. Adjustments to income. See instructions (attach schedul	e)	▶3	\$		
4. Massachusetts gross income. Combine lines 1, 2 and 3			\$		
5. Class 1 excise, if applicable (line 4) \$	x .0033		\$		
6. Class 2 excise, if applicable (line 4) \$	x .0132		\$		
7. Excise before credits (line 5 or 6, whichever applies)			\$		
8. Vanpool Credit (Schedule H, line 14B)	▶8 \$				
9. Vanpool Credit carryover (Schedule H, line 26B)	▶9 \$				
O. Full Employment Credit (Schedule FEC, line 21)	▶10 \$				
1. Total credits. Add lines 8, 9 and 10		▶11	\$		
2. Excise after credits. Subtract line 11 from line 7			\$		
3. Minimum excise (cannot be prorated)			\$	456	
4. Excise due before voluntary contribution (line 12 or line	13, whichever is larger)	14	\$		
5. Voluntary contribution for endangered wildlife conservati	ion	▶15	\$		
6. Excise due plus voluntary contribution. Add lines 14 and	l 15	▶16	\$		
7. 1998 overpayment applied to 1999 estimated tax	▶17 \$				
8. 1999 estimated tax payments (do not include amount in	line 17) ▶ 18 \$				
9. Payments made with extension	▶19 \$				
20. Amount overpaid . Subtract line 16 from the total of lines	s 17, 18 and 19		\$		
21. Amount of line 20 to be credited to 2000 estimated tax	[▶21	\$		
22. Amount of line 20 to be refunded . Subtract line 21 from	Amount of line 20 to be refunded . Subtract line 21 from line 20. ▶ 22				
23. Balance due. Subtract the total of lines 17, 18 and 19 fr	om line 16		\$ \$		
24. M-2220 penalty ▶; Othe	er penalties ►	Total penalty24			
25. Interest on unpaid balance					
26. Total payment due at time of filing					
Inder penalties of perjury, I declare that I have ex					
mowledge and belief, it is true, correct and comp	iele. Deciaration of preparer (other tha	ii taxpayer) is based on a	an milormation (n willen ne/sne	
Signature of appropriate officer (see instructions) Date	Social Security number	-	Γitle	Mail to: Mas	
Total	Journal Security Humber			Dept. of	
ndividual or firm signature of preparer Date	Employer Identification n	umber	Address	PO Box 706	
				Boston, MA	

Schedule A. Balance Sheet as of

As:	sets			A. Beginnin	g of Tax Year	B. End of Tax	Year
	Cash			\$		\$	
2.	Federal and state government obligations					<u>·</u>	
3.	Other current assets (attach schedule)		3				
	Other investments (attach schedule)						
	Buildings and other fixed depreciable assets (attach sched						
	5a. Less accumulated depreciation						
	5b. Total. <i>Subtract line 5a from line 5</i>						
6.	Land (net of any amortization)						
	Intangible assets (amortizable only)						
	7a. Less accumulated amortization						
	7b. Total. Subtract line 7a from line 7		7b				
8.	Other assets (attach schedule)		8				
	Total assets. Add lines 1, 2, 3, 4, 5b, 6, 7b and 8			\$		\$	
					'		
Lia	bilities and Capital						
	Accounts Payable			\$		\$	
11.	Mortgages, notes, bonds payable in less than 1 year		11				
	Other current liabilities (attach schedule)						
13.	Mortgages, notes, bonds payable in 1 year or more		13				
	Other liabilities (attach schedule)						
15.	Capital stock: 15a. Preferred stock		15a				
	15b. Common stock						
	Paid-in or capital surplus						
17.	Retained earnings — Appropriated (attach statement)		17				
18.	Retained earnings — Unappropriated		18				
19.	Total liabilities and capital before treasury stock deduction.	Add lines 10 through 18	19				
	Cost of treasury stock						
21.	Total liabilities and capital. Subtract line 20 from line 19.		21	\$		\$	
Οv	nership Information						
1.	At any time during the taxable year, was more than 50% of	f the voting stock:					
	(a) of another corporation owned by your corporation? \Box	Yes ☐ No.		(b) of your corpor	ation owned by any si	ingle entity? Yes N	No.
	(For rules of attribution, see Section 267(c) of the Internal F	Revenue Code.)					
	(If 1(a) or 1(b) is "Yes", attach an ownership schedule. See	e instructions.)					
2	At any time during the taxable year:						
۷.	(a) Was any amount owed by your corporation during the t	tavable vear?	No	If "Ves" enter an	nount \$		
	(b) Was any amount owed by your corporation during the ta			If "Yes", enter an			
	: "Amount owed" includes loans, accounts receivable and a		INO.	ii ies , enter an			
		accounts payable.					
Со	rporate Disclosure Schedule						
Mas	sachusetts requires all corporations to complete the following	ng items:					
1.	Enter the amount for charitable contributions (U.S. Form 1	120, 1120-A or 1120 RIC)				▶\$	
_							
2.	Enter the amount of the deduction for federal research exp	,	•	,	Г		
	IRC Sec. 174, plus the credit for research allowed by IRC S	Sec 41				> \$	
Ente	r in line 3a the amounts of any accelerated depreciation (AG	CRS, MACRS or others) allo	wed as a	federal deduction	for the taxable year. Ir	n line 3b, enter depreciation	on for pro
erty	included in line 3a determined by using generally accepted	accounting principles. Subtr	act line 3b	o from line 3a and	enter the result in line	<i>3c</i> .	
				Buildings (other		han Pollution	
		Equipment	Ren	tal Housing	Rental Housing		ties
3а	Enter any accelerated depreciation taken federally for	▶ \$	▶ \$		▶ \$	▶ \$	
	approximent and reducing form	· •	I		ı · •		
	Depreciation calculated according to generally				Τ .		
	accepted accounting principles	▶\$	▶\$		▶\$	▶\$	
20	Subtract line 3h from line 3a. Enter result here	►¢	_ ¢		► ¢	_ e	